



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E306926**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-00350
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
--------------------	--

DATE OF COLLISION	02 - 11 - 2014	TIME (2400)	0918	COUNTY #	31	MILES		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF <input type="checkbox"/>	CITY #	0664
-------------------	----------------	-------------	------	----------	----	-------	--	---	--	--------	------

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
SR 9	BLOCK NO. <input checked="" type="checkbox"/>	3700
	MILE POST <input type="checkbox"/>	

DISTANCE		MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)	SR 92
----------	--	--	--------------------------------	-------

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4253594196
---------	---	--------------------------------------	--	-------	---------------

LAST NAME	FOUTS	FIRST NAME	ALICIA	MIDDLE INITIAL	H
-----------	-------	------------	--------	----------------	---

STREET NEW ADDRESS	225 116TH DR NE
--------------------	-----------------

CITY	LAKE STEVENS	ST	WA	ZIP	982588629
------	--------------	----	----	-----	-----------

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #	FOUTSAH178DW	STATE	WA	SEX	F	D.O.B. MMDDYYYY	03 - 16 - 1983
--------------------	--------------	-------	----	-----	---	-----------------	----------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
----------------------------------	--------	--------	---	-------	---	-------	---	------------	---	--------------	---	--------------------	--

LICENSE PLATE #	AHC4368	STATE	WA	VIN#	2FMDK46C18BA76806
-----------------	---------	-------	----	------	-------------------

TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2008	MAKE	FORD	MODEL	EDG4D	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	-------	-------	----	---	----------	--	---

REGISTERED OWNER INFO. LANCE MILLER 225 116TH DR NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 70272995
---	-------------------------	----------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
---	------------	--------	--



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 3609265426
---------	---	--------------------------------------	-------------------------------------	---	--	-------	---------------

LAST NAME	BROWN	FIRST NAME	CHRISTINA	MIDDLE INITIAL	M
-----------	-------	------------	-----------	----------------	---

STREET NEW ADDRESS	911 87TH DR NE
--------------------	----------------

CITY	LAKE STEVENS	ST	WA	ZIP	982582434
------	--------------	----	----	-----	-----------

CDL		RESTRICTIONS		ENDORSEMENTS	
-----	--	--------------	--	--------------	--

DRIVER'S LICENSE #	BROWNCM157J5	STATE	WA	SEX	F	D.O.B. MMDDYYYY	04 - 25 - 1985
--------------------	--------------	-------	----	-----	---	-----------------	----------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES	
----------------------------------	--------	--------	---	-------	---	-------	---	------------	---	--------------	---	--------------------	--

LICENSE PLATE #	AGJ4875	STATE	WA	VIN#	KL1TD52625B428963
-----------------	---------	-------	----	------	-------------------

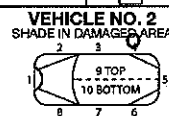
TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
-----------------	--	-------	--	-----------------	--	-------	--

VEH. YEAR	2005	MAKE	CHEV	MODEL	AVE04D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	------	------	------	-------	--------	-------	----	---	----------	--	---

REGISTERED OWNER INFO. DONNA VAN DUNK 707 20TH ST SNOHOMISH WA 98290

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	SAFECO H1874233
---	-------------------------	-----------------

VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE	
--	------------	--------	--



OFFICER'S NAME (PRINT)	JIM BARNES	BADGE OR ID #	101	AGENCY	WA0311900
------------------------	------------	---------------	-----	--------	-----------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E306926**

CASE # **14-00350**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		MILLER LAUREN T																
ADDRESS & PHONE #		225 116TH DR NE LAKE STEVENS WA 98258 4253594196																
SEX		F		D.O.B. MMDDYYYY		07		14		2010								
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS	7	AIRBAG	1	RESTR	8	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		BRADBURY KAYLENE																
ADDRESS & PHONE #		911 87TH DR NE LAKE STEVENS WA 98258 3609265426																
SEX		F		D.O.B. MMDDYYYY														NATURE OF INJURIES
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS	7	AIRBAG	1	RESTR	6	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)		ODELL BENTLEY B																
ADDRESS & PHONE #		911 87TH DR NE LAKE STEVENS WA 982582434 3609265426																
SEX		M		D.O.B. MMDDYYYY		09		16		1913								NATURE OF INJURIES
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS	9	AIRBAG	1	RESTR	5	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES

NARRATIVE

Veh-2 was waiting to turn right at the intersection of SR 92 and SR 9. There was traffic coming northbound on SR 9, so the driver of Veh-2 was not able to proceed. Veh-1 was following Veh-2 and also going to turn right onto SR 9 from SR 92. The driver of Veh-1 was looking to the left for traffic and did not realize that Veh-2 stopped for traffic. Veh-1 collided with Veh-2. Both vehicles stopped very near the point of impact. No injuries were reported and both parties exchanged information.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

JIM BARNES

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

02-11-14 10:18 AM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

2/12/2014 11:24:26 PM

BADGE OR ID #	101	ORI #	WA0311900	TIME POLICE DISPATCHED	9:18 AM	TIME POLICE ARRIVED	9:30 AM
---------------	------------	-------	------------------	------------------------	----------------	---------------------	----------------



SR 9

SR 92

Not to Scale



Incident History for: #SS14002735

Case Numbers: \$SS14000350

Received 02/11/14 09:18:05 BY SPCT05 SP0285
Entered 02/11/14 09:18:34 BY SPCT05 SP0285
Dispatched 02/11/14 09:18:55 BY SPSC40 SP0147
Enroute 02/11/14 09:18:55
Onscene 02/11/14 09:30:30
Closed 02/11/14 09:56:11

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: A

Police BLK: SS001 Fire BLK: AG1718 Map Page: 377E-4 Group: SS1 Beat: NORT

Src: 9

Loc: SR 9 NE/SR 92 , LKS (V)

Latitude: (+) 48.028461 Longitude: (-) 122.110205

Loc Info:

Name: BROWN CHRISTINA

Addr:

Phone: 3609265426

/0918 (SP0285) ENTRY , CC, NON BLKING, NON BLKING, LT GRY PC VS GRY SU
V
/0918 (SP0147) DISPER 19D1 #SS101 BARNES, OFFICER (JAMES)
/0930 (SS101) *ONSCNE 19D1
/0940 (SP0376) ASNCAS 19D1 \$SS14000350
/0956 (SS101) *CLEAR 19D1 D/A
/0956 CLOSE 19D1

SECTOR

LSPD
ORIGINAL